

# Exhibit 4

## Tab A

Form **5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Official Use Only  
OMB Nos. 1210-0110  
1210-0089

**2003**

This Form is Open to Public Inspection.

## Annual Report Identification Information

For the calendar plan year 2003 or fiscal plan year beginning and ending

- A** This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan; or  
 (2) ☒ a single-employer plan (other than a multiple-employer plan); (4) ☐ a DFE (specify) \_\_\_\_\_
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
 (2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☒
- D** If filing under an extension of time or the DFVC program, check box and attach required information. (see instructions) ☒

## Basic Plan Information -- enter all requested information.

**1a** Name of plan  
DELPHI PERSONAL SAVINGS PLAN FOR HOURLY  
RATE EMPLOYEES IN THE UNITED STATES

**1b** Three-digit plan number (PN) 004

**1c** Effective date of plan (mo., day, yr.)  
05/28/1999

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)  
(Address should include room or suite no.)  
DELPHI CORPORATION

**2b** Employer Identification Number (EIN)  
38-3430473

**2c** Sponsor's telephone number  
248-813-3391

**2d** Business code (see instructions)  
336300.

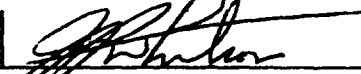
POST OFFICE BOX 5086


TROY

MI 48077-5086

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report if it is being filed electronically, and to the best of my knowledge and belief, it is true, correct and complete.

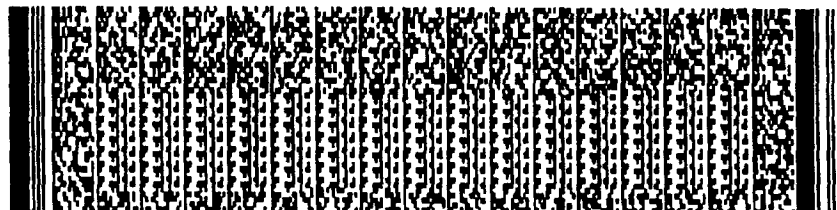
 8/06/2004 JAMES P. WHITSON, CHIEF TAX OFFICER  
 Signature of plan administrator Date Type or print name of individual signing as plan administrator

 8/06/2004 JAMES P. WHITSON, CHIEF TAX OFFICER  
 Signature of employer/plan sponsor/DFE Date Type or print name of individual signing as employer, plan sponsor or DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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Form 5500 (2003)



<b>Form 5558</b> (Rev. June 2001)  Department of the Treasury Internal Revenue Service	<b>Application for Extension of Time To File Certain Employee Plan Returns</b>  ▶ For Paperwork Reduction Act Notice, see instructions on back.	OMB No. 1545-0212  <b>File With IRS Only</b>
File before the normal due date of the Form 5500, 5500-EZ, or 5330 (see instructions)	Name of filer, plan administrator, or plan sponsor (see instructions) <b>DELPHI CORPORATION</b> Number, street, and room or suite no. (if a P.O. box, see instructions.) <b>P.O. Box 5086</b> City or town, state, and ZIP code <b>TROY, MI 48007-5086</b>	Filer's Identifying Number—Check applicable box and enter number (see instructions). <input checked="" type="checkbox"/> Employer identification number (EIN). Filers checking box 1a must enter an EIN. All other filers, see Specific Instructions. <b>38-3430473</b> OR <input type="checkbox"/> Social security number (see Specific Instructions)

1 I request an extension of time until 10 / 15 / 2004 to file (check appropriate box(es)).  
month day year

a ☒ Form 5500 or 5500-EZ (no more than 2½ months).

The application is automatically approved to the date shown on line 1 (above) if: (1) box 1a is checked, (2) the Form 5558 is signed and filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and (3) the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed below.

b ☐ Form 5330 (no more than 6 months). Payment amount attached is \$ \_\_\_\_\_ (see instructions)

2 Complete the following for the plan(s) covered by this application (see How To File):

Plan name/filer	Type of plan (check)			Plan number	Plan year ending		
	Pension	Welfare	Fringe		Month	Day	Year
DELPHI INCOME SECURITY PLAN FOR HOURLY RATE EMPLOYEES	X			0 : 0 : 5	12	31	2003
DELPHI SAVING-STOCK PURCHASE PROGRAM FOR SALARIED EMPLOYEES	X			0 : 0 : 2	12	31	2003
DELPHI PERSONAL SAVING PLAN FOR HOURLY RATE EMPLOYEES	X			0 : 0 : 4	12	31	2003

3 State in detail why you need the extension (if line 1b is checked) \_\_\_\_\_

Under penalties of perjury, I declare that to the best of my knowledge and belief the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶

*Man Su*

Date ▶

*7-22-04*

Notice to Applicant

To Be Completed by the IRS if Line 1b is Checked

To Be Completed by the IRS if line 1b is checked ▼

☐ This application for extension to file Form 5330 is approved to the date shown on line 1, if line 1b is checked. (You must attach an approved copy of this form to each Form 5330 that was granted an extension.)

☐ The date entered on line 1 is more than the 6-month maximum time allowed for Form 5330. This application is approved to \_\_\_\_\_ (You must attach an approved copy of this form to each Form 5330 that was granted an extension.)

☐ The application for an extension for Form 5330 is not approved, because it was filed after the normal due date of the return. (A 10-day grace period is not granted.)

☐ This application for an extension for Form 5330 is not approved, because

☐ The application was not signed.

☐ No reason was given on this application or the reason was not acceptable.

☐ No payment was attached for the tax due on Form 5330.

☐ Other ▶ \_\_\_\_\_

A 10-day grace period is granted from the date shown below or the due date of the return, whichever is later. (You must attach a copy of this form to each return you file that is granted a grace period.)

(Date)

(Director)

By: \_\_\_\_\_

Applicants for extension of Form 5330: Complete if you want this Form 5558 returned to an address other than the address shown above.

Please Print or Type	Name
	Number, street, and room or suite no. (if a P.O. box, see instructions.)
	City or town, state, and ZIP code

MGA

Form 5558 (Rev. 6-2001)

DOL-PSP-001099

Form 5500 (2003)

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3a Plan administrator's name and address (If same as plan sponsor, enter "Same")  
 SAME

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

b EIN

a Sponsor's name

c PN

5 Preparer information (optional) a Name (including firm name, if applicable) and address  
 FRANK HOFFMAN  
 DELOITTE AND TOUCHE  
 600 RENAISSANCE CENTER, SUITE 900

b EIN

13-3891517

c Telephone number

313-396-3000

DETROIT MI 48243-1704

6 Total number of participants at the beginning of the plan year.....	6	60953
7 Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d)		
a Active participants.....	7a	47438
b Retired or separated participants receiving benefits.....	7b	152
c Other retired or separated participants entitled to future benefits.....	7c	11459
d Subtotal. Add lines 7a, 7b, and 7c.....	7d	59049
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	7e	69
f Total. Add lines 7d and 7e.....	7f	59118
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	7g	40112
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	7h	50
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500).....	7i	2366

8 Benefits provided under the plan (complete 8a and 8b as applicable)

- a ☒ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes printed in the instructions): 2E 2F 2G 2I 2J 2K 2O 3H
- b ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes printed in the instructions):

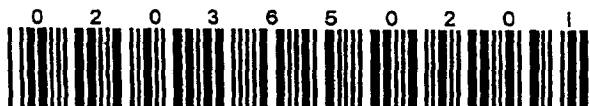
9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance  
 (2) ☐ Code section 412(l) insurance contracts  
 (3) ☒ Trust  
 (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance  
 (2) ☐ Code section 412(l) insurance contracts  
 (3) ☒ Trust  
 (4) ☐ General assets of the sponsor

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Form 5500 (2003)

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**10 Schedules attached** (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)

**a Pension Benefit Schedules**

- (1) ☒ R (Retirement Plan Information)  
 (2) ☒ 2 T (Qualified Pension Plan Coverage Information)  
 If a Schedule T is not attached because the plan  
 is relying on coverage testing information for a  
 prior year, enter the year ..... ▶  
 (3) ☐ B (Actuarial Information)  
 (4) ☒ E (ESOP Annual Information)  
 (5) ☒ SSA (Separated Vested Participant Information)

**b Financial Schedules**

- (1) ☒ H (Financial Information)  
 (2) ☐ I (Financial Information - Small Plan)  
 (3) ☐ A (Insurance Information)  
 (4) ☐ C (Service Provider Information)  
 (5) ☒ D (DFE/Participating Plan Information)  
 (6) ☐ G (Financial Transaction Schedules)  
 (7) ☒ 1 P (Trust Fiduciary Information)

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